

# Foster Family Home - Corrective Action Report

Provider ID: 1-516023

Home Name: Arlene Hanks, CNA

44-124 Mikiola Drive

Kaneohe

HI 96744

Review ID: 1-516023-6

Reviewer: David Ayling

Begin Date: 9/18/2019

## Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 9/18/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date